

“..... a life's too much to lose.”

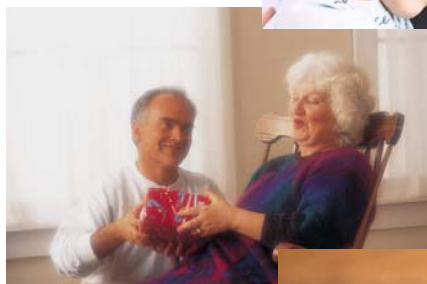


PREVENTING SUICIDE IN KENTUCKY

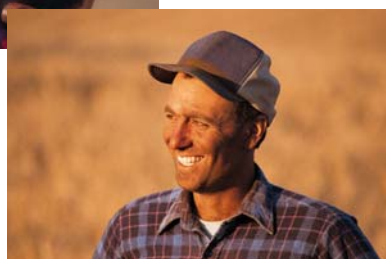


PROGRESS REPORT

JUNE 2004



Prepared by the Kentucky Suicide
Prevention Planning Group



Progress Report 2004

Kentucky Suicide Prevention Planning Group

March 2002 – June 2004

Major Accomplishments

Over 100 active members

Certification of 38 QPR Gatekeeper Trainers

Completion of state survey of public's awareness concerning suicide

Passage of two legislative initiatives

- Establish suicide prevention advisory committee

- Set up jail triage system to screen prisoners

Initiation of local task force in Owensboro

Support of Stop Youth Suicide Campaign Summit

Face to Face consultation and collaboration with national experts

- Sue Eastgard—Director Youth Suicide Prevention Program

- Washington State

- Paul Quinnett—President and CEO of the QPR Institute

- Lloyd Potter—Director Suicide Prevention Resource Center

- David Litts—Air Force Suicide Prevention Plan

Development and distribution of over 2000 information packets

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INTRODUCTION

*“even one death by suicide is
one death too many”*

Secretary, Tommy G. Thompson

**Department of Health & Human
Services**

**An average of 500 Kentucky
citizens die by suicide each
year.**

Kentucky loses twice as many
citizens to suicide as to homicide.

Kentucky's suicide death rate is the
22nd highest in the nation.

Suicide is the 2nd leading cause of
death for Kentuckians 15 to 34
years old.

Suicide is the 4th leading cause of
death for 35 to 54 year olds.

73 percent of suicide deaths in
Kentucky were caused by firearms.

2920 suicide attempts resulted in
inpatient hospital admissions in
Kentucky during 2003.

Suicide is permanent.

However, potential suicide victims
usually exhibit warning signs before
attempting to end their lives. Therefore,
suicide, like other forms of violence, is
preventable. It is a preventable public
health problem.

With growing concern for the
problem of suicide in Kentucky and the
knowledge that such devastating acts of
violence are preventable, in 2002 the
Kentucky Department for Mental Health
and Mental Retardation Services invited
various community leaders to establish the
Kentucky Suicide Prevention Planning
Group.

The group's collaborative work
continues to provide the framework for
Kentucky's response to the problem of
suicide. This report provides an overview
of previous activities since the group's
beginning and proposes goals for the
future.



Group at work



THE MISSION

The mission of the Kentucky Suicide Prevention Planning Group is to promote suicide awareness, and provide proactive leadership in the reduction of suicide attempts and deaths in the Commonwealth.



Purpose

The purpose of the Kentucky Suicide Prevention Planning Group is to develop a suicide prevention plan that provides opportunities for all Kentuckians to become active in the reduction of suicide attempts and deaths in the Commonwealth.

History

As the basis for a collaborative development of a state suicide prevention plan, Kentucky's Division of Mental Health recruited stakeholders from a number of interest areas and from all over the state. At the first meeting in March 2002, approximately 25 people were in attendance who subsequently formed the Kentucky Suicide Prevention Planning Group.

In the summer of 2002, eight of the group members attended the national conference of Suicide Prevention and Advocacy Network in Washington, D.C. There they were given information and tools to assist them in returning to Kentucky and begin writing a suicide prevention plan. Upon their return, they immediately began working intensively to prioritize goals and action steps. With leadership from this core group, the Kentucky Suicide Prevention Planning Group recommended that the outline proposed by Surgeon General Satcher (US Public Health Service, 1999) and the National Strategy for Suicide Prevention (US Department for Health & Human Services, 2001) be followed in Kentucky. This model recognizes suicide as a preventable public health problem.

SUPPORT AND COLLABORATION

Since that first meeting in 2002 when a group of devoted and concerned people formed the Kentucky Suicide Prevention Planning Group, over 100 individuals have joined the effort. These people represent much of the Commonwealth's diversity in many areas such as age, geographic location, professions, personal experience and agency affiliation. Some of the involved entities include:

Survivor Support Groups
Local School Boards
Private Psychiatric Hospitals
Community Mental Health
Law Enforcement
Private Businesses
Citizen Advocacy Groups
KY School Boards Association
Local Public Health
Louisville Youth Group

Suicide Prevention Training
Programs for KY
Stop Youth Suicide Campaign
Morehead State University
State Interagency Council
Protection and Advocacy
Kentucky Center for School Safety
Western Kentucky University
Hospice of the Bluegrass
University of Kentucky

The Division of Mental Health sponsors the Kentucky Suicide Prevention Planning Group, in partnership with the Department of Public Health.

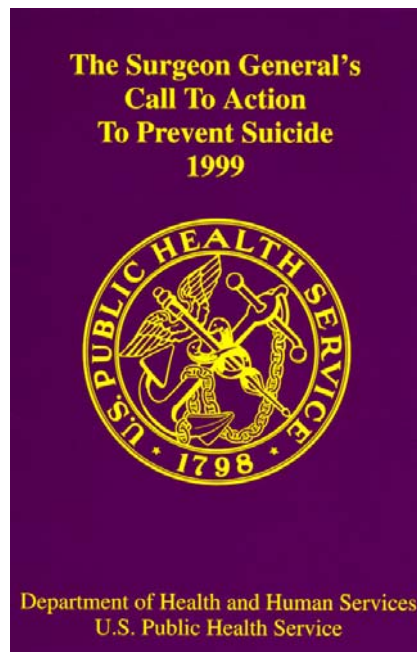
Each provides staff who facilitate the group's committees.



STRATEGY

The invested and active stakeholders propose a strategy to reduce the rate of suicide within the Commonwealth. The strategy is based upon the eleven goals and corresponding objectives from the National Strategy for Suicide Prevention, published by the U.S. Department of Health and Human Services in May of 2001, with leadership from the Surgeon General.

NSSP is the result of advocates, clinicians, and researchers and survivors working together to respond to the Surgeon General's challenge. It lays out a framework for action to prevent suicide. It is designed as a catalyst for social change using the public health approach with focus upon the areas of *awareness, intervention, and methodology*.



Based upon that national framework, the following strategy guides the activities of the Kentucky Suicide Prevention Planning Group.

AWARENESS GOAL: TO APPROPRIATELY BROADEN THE PUBLIC'S AWARENESS OF SUICIDE AND ITS RISK FACTORS

Through increased awareness, more people will be able to assist at-risk persons; more at-risk persons will be able to seek help; and policymakers will have needed information to modify policies and allocate resources toward suicide prevention efforts.

Awareness Objective 1:

Promote awareness that suicide is a public health problem that is preventable.

- Place appropriate information on Department for Mental Health and Mental Retardation website
- Place appropriate information on other stakeholder websites
- Collaborate with media to provide Public Service Announcement (PSA) opportunities to share information
- Educate decision makers in both public and private sectors
- Develop a one-page handout on what to do when suicide risk is recognized
- Incorporate suicide awareness and prevention messages into Employee Assistance Programs (EAP), educational systems, the health care provider network, the criminal justice system, and the faith community

Awareness Objective 2:

Develop broad-based support for suicide prevention.

- Expand group membership to include members from areas not yet represented
- Identify foundations and other sources to contribute to the support of suicide prevention strategies in the state
- Encourage professional organizations to consider ways in which they may integrate suicide prevention strategies into their ongoing activities

Awareness Objective 3:

Develop and implement strategies to reduce the stigma associated with being a consumer of mental health, substance abuse, and suicide prevention services.

- Collaborate with existing anti-stigma campaigns and efforts
- Include suicide attempters and survivors within the media campaign
- Review school health curricula to ensure that mental health and substance abuse is appropriately addressed

Awareness Objective 4:

Promote efforts to reduce access to lethal means and methods of self-harm.

- Develop an educational curriculum to reduce the availability of lethal means of self-harm

***items highlighted have been accomplished**

INTERVENTION GOAL: TO ENHANCE SERVICES AND PROGRAMS, BOTH POPULATION-BASED AND CLINICAL CARE

Through increased intervention, more communities will be able to coordinate services; those services will be more easily accessible to those at-risk; suicide assessment trainings for all populations will be established; and technical assistance for those trainings will be available.

Intervention Objective 1:

Research, identify, and encourage implementation of community-based suicide prevention programs.

- Identify existing suicide prevention programs in the state
- Research program models for evidence-based suicide prevention approaches
- Encourage use of evidence-based programs in areas needed
- Utilize 1-800-SUICIDE Hotline and increase the number of AAS accredited crisis lines in the Community Mental Health Centers

Intervention Objective 2:

Implement training for recognition of at-risk behavior and delivery of effective treatment.

- Develop and disseminate training modules for identified gatekeepers
- Address needs of at-risk populations
- Address all culturally diverse areas
- Involve appropriate service providers in acceptance and implementation of training
- Provide technical assistance with education and training
- Identify, develop, and implement suicide awareness training for state employees
- Implement educational programs for families of individuals at elevated risk and for survivors of suicide

Intervention Objective 3:

Identify and promote effective clinical and professional practices.

- Encourage community professionals to participate in suicide prevention training
- Include an optional course in suicide prevention in CEU for licensure renewals
- Include focused educational suicide prevention opportunities at Cabinet-sponsored conferences
- Increase the availability of periodicals, videos, posters, pamphlets, etc. taking in account multilingual and multicultural differences

***items highlighted have been accomplished**

Intervention Objective 4:

Identify the need for increased access to and community linkages with mental health and substance abuse services.

- ❖ Encourage the increase in available services in rural communities as needed
- ❖ Collaborate with communities to develop and maintain suicide survivor and attempter support groups
- ❖ Research and communicate cost benefit analysis of states with mental health parity laws
- ❖ Promote regional HB843 workgroups to include suicide prevention in their activities
- ❖ Provide information to create legislative awareness through public policy around suicide prevention
- ❖ Encourage an increase in the use of innovative methods of suicide prevention

METHODOLOGY GOAL: TO ADVANCE THE SCIENCE OF SUICIDE PREVENTION

Through improved methodology, research on suicide prevention will be promoted and supported; state statistics will be gathered and available in an annual review report; a process to evaluate the effectiveness of individual prevention programs as well as that of the Kentucky Suicide Prevention Plan will be developed.

Methodology Objective 1:

Improve reporting and portrayals of suicidal behavior, mental illness, and substance abuse in the entertainment and news media.

- Invite a representative of the American Association of Suicidology to conduct a statewide workshop to educate media on coverage of suicide
- Compile and provide media information packets

Methodology Objective 2:

Promote and support research on suicide and suicide prevention.

- Encourage Kentucky colleges, universities, hospitals, and clinics to intensify research related to suicide, including cultural specific risk factors, protective factors, and interventions.
- Develop criteria to evaluate the state prevention plan and individual programs

Methodology Objective 3:

Develop, improve, and expand surveillance systems.

- Identify existing systems and assess for improvement
- Distribute an annual statewide report on suicide

***items highlighted have been accomplished**

ACTION

To accomplish the strategy set forth, three working committees were developed to reflect the main focus areas of awareness, intervention and methodology. These are supported and coordinated through the Steering Committee.

The goals of the committees are as follows:

Awareness Committee (awareness) is to increase the knowledge of Kentuckians that suicide is a preventable public health problem.

Training Committee (intervention) is to choose a curriculum for general suicide prevention and to provide that training across the state.

Evaluation Committee (methodology) is to monitor effectiveness of KSPPG efforts and to gather current suicide data.

STRUCTURE



Committees

are led by a volunteer chairperson from outside the state agencies. Each committee also has one assigned DMH staff for technical assistance.

Steering Committee

consists of the three chairs from the committees, one member-at-large, one staff from Department for Mental Health, one staff from Department for Public Health, and the chair of the Steering committee.

Achievements of the Committees thus far are discussed on the following page

ACHIEVEMENTS

Steering Committee

- ❑ Secured a National Association of State Mental Health Program Directors grant to fund consultation by national suicide prevention expert Sue Eastgard
- ❑ Monitored grant from Department for Mental Health/Mental Retardation to obtain printed materials
- ❑ Promoted the increase in centers providing 1-800-SUICIDE crisis line services—Seven Counties Services and Bluegrass Regional are currently accredited
- ❑ Provided in-kind and/or financial backing to various suicide prevention initiatives including:
 - Stop Youth Suicide Campaign in Lexington
 - Seven Counties Services Crisis and Information
 - Bluegrass Regional Crisis Services
 - Suicide Prevention Training Programs for Kentucky
 - Owensboro Suicide Prevention Task Force
 - Suicide Prevention Action Network of Kentucky
- ❑ Recruited state legislators to attend national conference on development of state suicide prevention plan

Chair: Connie Milligan

Past Chair: Dr. Hatim Omar

Other Members: Richard Greer, Bruce Hey,
Jan and Steve Ulrich, Denis Walsh

Staff: Barbara Kaminer, DMH
Sarah Wilding, DPH

Awareness Committee

- ❑ Established a multi-paged packet of information
- ❑ Created a one-page information brochure
- ❑ Procured a presentation display for exhibitions and conferences
- ❑ Recruited new members into KSPPG
- ❑ Started a state chapter of Suicide Prevention Action Network
- ❑ Developed a link dedicated to suicide prevention on the Department for Mental Health and Mental Retardation website
- ❑ Collaborated with the Anti-Stigma work group of HB 843
- ❑ Presented information to various news agents via television, radio and newspaper interviews
- ❑ Set up display booth at many occasions including:
 - Mental Health Institute
 - Great Kids Summit
 - Choice and Changes
 - Fayette County African American Health Fair
 - Kentucky Psychological Association
- ❑ Led campaign of support to Senate Joint Resolution 148 to establish a suicide prevention advisory committee
- ❑ Staff participated in two national Suicide Prevention Action Program conferences

Co Chairs: Jan and Steve Ulrich

Members: Jenny Aker, Julie Barkley, Rita Brooks, Doug Burnham, Tonya Chang, Phyllis Combs, Phyllis Culp, Sheriall Cunningham, Susan Duvall, Lelia Gillespie, Betty Gore, Stan Hankins, Hardin Family, Mike Hash, Ginny Hood, Joni Johnson, Dr. Harry Mills, Susan North, Paula Quinn, Natalie Reteneller, Ken Richie, Jeni Rolfes, Kerri Schelling, and Susan Stokes

Staff: Jason H. Padgett, DMH

Training Committee

- ❑ Reviewed various curriculum for suicide prevention education
- ❑ Engaged Paul Quinnett to present the QPR curriculum to KSPPG
- ❑ Recommended QPR as the suicide prevention model for Kentucky
- ❑ Sponsored Paul Quinnett to provide QPR Gatekeeper training to 28 recipients and QPRT to over 40 clinical providers in the state
- ❑ Currently coordinating QPR events by the 38 QPR trainers in Kentucky
- ❑ Providing support to the Suicide Prevention Training Program for Kentucky
- ❑ Members took primary lead in passage of Senate Bill 64 (setting up jail triage system to screen jail prisoners for mental health and suicide issues)
- ❑ Provided presentations at many conferences including:
 - Mental Health Institute
 - Choice and Changes
 - Behavior Institute

Chair: Denis Walsh

Members: Beth Armstrong, Marsha Ball, Carrie Beardon, Mary Bolin-Reece, Dan Collins, Vickie Green, Barry Kellond, Kim Matson, Barbara McFarland, Shannon Means, Pam Mueller, Julie Neal, Jan Reid, Bob Robey, and Max Wineinger

Staff: Rita Ruggles, DMH

Evaluation Committee

- ❑ Survey of suicide awareness within Kentucky
- ❑ Written analysis of survey and preparation for follow-up
 Survey and analysis in appendix
- ❑ Development of evaluation forms for all KSPPG presentations and trainings
- ❑ Research into evidence-based practices in suicide prevention
- ❑ Routine gathering of state and national data—compiled—distributed at KSPPG meetings
- ❑ Continued development of evaluation tools to measure effectiveness of KSPPG activities
- ❑ Formulation of grant proposals
- ❑ Cooperation with University of Kentucky Library training initiative

Chair: Bruce Hey
Members: Marcia Burklow, Wayne Harper, Allison Huck,
James McFarland, Beth Sanderson
Staff: Vestena Robbins, DMH

NEXT STEPS

During the next fiscal year, the suicide prevention efforts of KSPPG will continue. Although many of the tasks identified have been accomplished, most are on-going items that will continue.

The Awareness committee will continue to distribute information and provide speakers to all who request.

The Training committee will continue to provide workshops to professionals and gatekeeper training to the state.

The Evaluation committee will continue to gather, compile and distribute the latest statistical information and proven methods of suicide prevention.

New tasks identified are:

- Support the Owensboro suicide prevention conference in September
- Support the 2nd Stop Youth Suicide Summit in October
- Plan an event for the national survivor day in conjunction with Hospice of the Bluegrass—November 20th
- Provide direction to HB843 Commission (the KY Commission on Services and Supports for Individuals with Mental Illness, Alcohol & Other Drug Abuse Disorders, and Dual Diagnoses) in implementation of SJR 148
- Coordination with Department of Education to include gatekeeper training in curriculum
- Repeat the Awareness Survey
- Complete the state resource guide to suicide prevention services in collaboration with Seven Counties Services Crisis and Information Center
- Distribute that resource when complete by end of 2004
- Plan an Awareness Day at the Capitol in Frankfort during the 2005 legislative session
- Plan for a state-wide conference in September 2005 to coincide with national suicide awareness week

Through the continued efforts of the volunteer members of the Kentucky Suicide Prevention Planning Group, these goals will be achieved. The next Progress Report to be issued by July 1, 2005 will offer a complete account of these accomplishments.

ACKNOWLEDGEMENTS

Many thanks are due to the more than 100 Kentuckians who have joined the suicide prevention effort. Without each and every one of them, the group's work would not have progressed as it has.

Special thanks are also given to the following individuals for their consistent support and encouragement, listed in alphabetical order.

Tom Buford	Senator, Kentucky General Assembly
Sue Eastgard	Director, Youth Suicide Prevention Program Washington State
Dr. Rice Leach	Immediate Past Commissioner, Department for Public Health
Dr. David Litts	Air Force Suicide Prevention Plan
Mary Lou Marzian	Representative, Kentucky General Assembly
Margaret Pennington	Immediate Past Commissioner, Department for Mental Health and Mental Retardation Services
Lloyd Potter	Director, Suicide Prevention Resource Center
Dr. Paul Quinnett	President and CEO, QPR Institute
Bob Robey	Suicide Prevention Training Programs for KY
Bruce W. Scott	Director, Division of Mental Health
Linda Whittle	Ohio Coalition for Suicide Prevention

The most heartfelt thanks go to the survivors. They are the essence of this movement. Without the spirit of people like Jan and Steve Ulrich, Barbara and Jim McFarland, Betty Gore, and others, the reason for the effort might be lost. Thanks to them, we focus on practical and effective ways to prevent others from experiencing their grief.

REFERENCE WEB SITES

National Resources

[American Association of Suicidology](#)
[American Foundation for Suicide Prevention](#)
[Jason Foundation](#)
[Jed Foundation](#)
[Kristin Brooks Hope Center / National Hopeline Network](#)
[National Center for Suicide Prevention Training](#)
[National Strategy for Suicide Prevention](#)
[National Youth Violence Prevention Resource Center](#)
[NMHA sponsored Depression Screening](#)
[Organization for Attempters & Survivors of Suicide in Interfaith Services](#)
[QPR Institute - Gatekeeper Prevention Training](#)
[Samaritans Suicide Prevention](#)
[Suicide Awareness/Voices of Education](#)
[Suicide Prevention Action Network \(SPAN USA\)](#)
[Suicide Prevention Resource Center](#)
[Suicide Reference Library: Suicide Awareness, Support & Education](#)
[Surgeon General's 1999 Call to Action](#)
[Web-based Injury Statistics Query and Reporting System](#)
[Yellow Ribbon Suicide Prevention Program](#)

<http://www.suicidology.org/>
<http://www.afsp.org/>
<http://www.jasonfoundation.com/>
<http://www.jedfoundation.org/>
<http://www.hopeline.com/>
<http://www.ncspt.org/courses/orientation/>
<http://www.mentalhealth.org/suicideprevention/strategy.asp>
<http://www.safeyouth.org/scripts/index.asp>
<http://www.depression-screening.org/>
<http://www.oassis.org/>
<http://www.qprinstitute.com/>
<http://www.samaritansnyc.org/>
<http://www.save.org/>
<http://www.spanusa.org/>
<http://www.sprc.org/>
<http://www.suicidreferencelibrary.com/>
<http://www.surgeongeneral.gov/library/calltoaction/default.htm>
<http://www.cdc.gov/ncipc/wisqars/default.htm>
<http://www.yellowribbon.org/>

State and Local Resources

[Hospice of the Bluegrass](#)
[Mental Health Association of Northern Kentucky](#)
[SPAN Kentucky](#)
[State Suicide Prevention Plans](#)
[Stop Youth Suicide Campaign](#)
[Suicide Prevention Programs for Kentucky \(QPR\)](#)

<http://www.hospicebg.com/>
<http://www.mhanky.org/index.htm>
<http://www.span-ky.com/>
<http://www.ac.wvu.edu/~hayden/spsp/>
<http://www.stopyouthsuicide.com/>
<http://www.kysuicideprevention.com/index.html>

APPENDICES

SUICIDE AWARENESS IN KENTUCKY: BASELINE RESULTS OF A STATE-WIDE SURVEY

BROCHURES

- KY Suicide Prevention Planning Group
- Would You Give an Hour to Save a Life?

FOR ADDITIONAL COPIES OF THIS REPORT OR FOR INFORMATION
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<http://mhmr.ky.gov/MH/Suicideprev.asp>